

Food Establishment Inspection Report – City/Town of Duxbury

Establishment: <u>Aden</u>		Date: <u>12/18/18</u>	Page 1 of <u>2</u>
Address: <u>71 Aden St</u>		Time in: <u>9:40</u>	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>8</u>	
Owner: <u>Chartwell</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>1</u>	
Person-In-charge: <u>Karen / Kelle Prince</u>			
Inspector: <u>Macy Mayo</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction				✓		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	✓					
16	Food-contact surfaces; cleaned & sanitized	✓					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	✓					
19	Proper reheating procedures for hot holding	✓					
20	Proper cooling time and temperature	✓					
21	Proper hot holding temperature	✓					
22	Proper cold holding temperature	✓					
23	Proper date marking and disposition	✓					
24	Time as a Public Health Control					✓	
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food				✓		
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered				✓		
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used				✓		
28	Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan					✓	

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
<u> </u>	<u> </u>

Signature of Person-In-Charge:	<u>Kelle Prince</u>	Date:	<u>12/18/18</u>
Signature of Inspector:	<u>Macy Mayo</u>	Date:	<u>12/18/18</u>

MDPH-1000 (Rev. 10/5/18 version)

Food Establishment Inspection Report – City/Town of Duxbury

Establishment: Aden

Date: 12/18/18

Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required			✓			
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			✓			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	✓					
M2	Food allergy awareness	✓					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☐ Other

Type of Inspection:

- ☒ Routine
- ☐ Re-Inspection
- ☐ Pre-operational
- ☐ Illness Investigation
- ☐ General complaint
- ☐ HACCP
- ☐ Other

Other Information:

All temps < 40°F Turkey 40°F, meatballs 38°F
 WF < 20°F
 Very Clean + organized facility
 Lunch 11:25-12:50 (3 lunch periods)

Signature of Person-in-Charge: [Signature]

Date: 12/18/18

Signature of Inspector: [Signature]

Date: 12/18/18

Town of Dorchester

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Alden School</u>	Date <u>5/14/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	Risk Level	Permit No.	
Telephone			
Owner <u>Kellie Price</u>	HACCP Y/N		
Person In Charge (PIC) <u>Katie Dranto</u>	Time In: <u>10:40</u>		
Inspector <u>Mary Mayo</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	<input checked="" type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: _____

Print: _____

PIC's Signature: _____

Print: _____

Page ____ of ____ Pages

Establishment Name: Aden School

Date: 5/16/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
----------	----------------	-----------------------------------	--	---------------

WIC 400f, WIC 40f, RIC 400f
 Dishmachine does not work @ this school + is being looked @ by Englab. Dishes washed @ H.S. + using disposal trays @ this time.

Hand sink stocked
 sanitizer 200ppm out

Discussion With Person in Charge:

Corrective Action Required:

☐ No

☒ Yes

☒ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

Food Establishment Inspection Report – City/Town of Durham

Establishment: <u>Chandler School</u>		Date: <u>12/18/18</u>	Page 1 of <u>1</u>
Address: <u>93 Chandler</u>		Time In: <u>8:30am</u>	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: <u>Shortwell</u>			
Person-in-charge: <u>Linda</u> / <u>Kellie Prince</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Inspector: <u>Macy Mayo</u>			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction				✓		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	✓					
16	Food-contact surfaces; cleaned & sanitized	✓					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	✓					
19	Proper reheating procedures for hot holding	✓					
20	Proper cooling time and temperature	✓					
21	Proper hot holding temperature	✓					
22	Proper cold holding temperature	✓					
23	Proper date marking and disposition	✓					
24	Time as a Public Health Control				✓		
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food				✓		
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	✓					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used				✓		
28	Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan				✓		

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge:

Signature of Inspector:

Date:

Date:

Food Establishment Inspection Report – City/Town of Duxbury

Establishment: Chandler School

Date: 12/18/18

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required			✓			
31	Water & ice from approved source				✓		
32	Variance obtained for specialized processing methods			✓			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding			✓			
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean	✓					
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	✓					
M2	Food allergy awareness	✓					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☐ Other

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☐ Other

Other Information:

Signature of Person-In-Charge: [Signature]

Date: 12-18-18

Signature of Inspector: [Signature]

Date: 12/18/18

Food Establishment Inspection Report – City/Town of

Establishment: Chandler

Date: 12/18/18

Page ____ of ____

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Reclin	240°F				
WAF	0°F				
WAC	414°F below				

Observations and/or Corrective Actions			
Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code			
Item Number	Section of Code	Description of Violation	Date to Correct By
55		leak at sink in dishroom - repair / replace parts if needed. (This is adding water to septic all day long)	
55		Remove / repair unused +/or broken equipment in storage room (freezers, slicers, reach-in warmers)	
		All temps + food storage OK at time inspection.	
		— Threshold @ back door by Delaney Area	

Signature of Person-in-Charge

Date: 12-18-18

Signature of Inspector.

Date: _____

Town of Duxbury

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Chandler School</u>	Date <u>5/16/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address _____	Risk Level _____		
Telephone _____			
Owner <u>Kellie Peine</u>	HACCP Y/N _____		
Person in Charge (PIC) <u>Sandy Tracy</u>	Time In: <u>9:40</u>		
Inspector <u>Tracy Mays</u>	Out: _____	Permit No. _____	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
 Local Law ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other _____

Inspector's Signature: _____

Print: _____

PIC's Signature: _____

Print: _____

Page ____ of ____ Pages

Food Establishment Inspection Report – City/Town of Duxbury

Establishment: <u>Duxbury MS/HHS</u>	Date: <u>12/18/18</u>	Page 1 of <u>1</u>
Address: <u>Alden St</u>	Time in: <u>10:15</u>	Time out: <u></u>
Telephone: <u></u>	Permit No.: <u></u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>/</u>
Owner: <u>Katie</u>	Person-in-charge: <u>Kellie Pinner</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>/</u>
Inspector: <u>Tracy Mayo</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction				✓		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	✓					
16	Food-contact surfaces; cleaned & sanitized	✓					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	✓					
19	Proper reheating procedures for hot holding	✓					
20	Proper cooling time and temperature	✓					
21	Proper hot holding temperature	✓					
22	Proper cold holding temperature	✓					
23	Proper date marking and disposition	✓					
24	Time as a Public Health Control			✓			
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food			✓			
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered			✓			
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used			✓			
28	Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			✓			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-In-Charge:

Signature of Person-In-Charge: <u>Kellie Pinner</u>	Date: <u>12/18/18</u>
Signature of Inspector: <u>Tracy Mayo</u>	Date: <u>12/18/18</u>

MDPH report form 10/15/10 version

Food Establishment Inspection Report – City/Town of Duxbury

Establishment: Duxbury ms/Hs

Date: 12/18/18

Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required			✓			
31	Water & Ice from approved source						
32	Variances obtained for specialized processing methods			✓			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: Installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen; Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program		✓				
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: Dishmachine 180°F final rinse Chicken sand - 140°F deli area - 36°F #12C - meatballs - 36°F, chicken 35°F #12F - 0°F All items satisfactory @ time of inspection
Signature of Person-in-Charge: <u>[Signature]</u>		Date: <u>12/18/18</u>
Signature of Inspector: <u>[Signature]</u>		Date: <u>12/18/18</u>

Town of Duxbury

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name Duxbury Middle School / High School	Date 5/16/18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 71 Alden St	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner Kellie Pinner - Charwell	Time In: 11:00		
Person in Charge (PIC) Linda	Out:		
Inspector Daisy Mayo			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Non-compliance with:

- Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
X		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Daisy Mayo	Page ____ of ____ Pages
PIC's Signature:	Print: Linda Ferrell	

call item	DESCRIPTION
	Duxbury H.S. / middle school

Establishment Name:

Nixon H.S. / Middle School

Date:

Page.

若

[illegible]